Motivational Interviewing and Health Behaviour Change

- Background
- What is Motivational Interviewing?
- Why might it be of use in pain?
- How can it be used in the clinic?
- Is it effective?
- Some points to be aware of…

Background

- Patients are all different
- Most of us in business of behaviour change
- Most people don't like being told what to do
- Most of us do things detrimental to health
- Behaviour change is dynamic
- Resistant patients are source of frustration
- "Stages of Change" model informative

What is Motivational Interviewing?

- Counselling style which promotes readiness to change
- Helping patients come up with reasons for change
- Assumes that HP's can influence patient readiness
- Collaborative, empathic, evocative, respectful
- Acknowledgement of where client is at
- Desire to understand

What is Motivational Interviewing?

- Expressing empathy
- Developing discrepancy (cognitive dissonance)

  What the patient is doing vs
  What the patient wants

- Roll with resistance
- Support self-efficacy

Why might it be of use in Pain?

- Much of what we do involves behaviour change

  Doing more activity
  Pacing up activity
  Doing a HEP
  Adopting self-management in general
  Doing relaxation
  Taking medication

- Frustration of non-compliance big issue within teams

- What we do is largely advice-centred

- Pain patients may not be willing/ready to adopt self-help

How can it be used in the clinic?

- MI is a counselling style requiring lots of time
- Most HP's not expected to have this time
- MI has been modified recently
- Focus on readiness, importance and confidence
- Importance and confidence can be assessed/explored

How can it be used in the clinic?

- Importance

  Why should I?
  Is it worthwhile?
  Will it do me any good?

- Confidence

  Can I do it?
  How will I do it?
  What do I do?

How can it be used in the clinic?

- Simple, enquiring questions are best

"What are your views about doing more activity?"

"How have you got on with upping activity in the past?"

"It often helps to slowly build up, but what do you think?"

"So you feel that this would simply increase you pain?"

"I'm not sure how you feel about this – can you help me?"

"How important for you personally is it to increase your activity?"

"If 0 was not important, and 10 was very important, what number might you give"

"How confident do you feel about doing this?"

How can it be used in the clinic?

- How you proceed depends upon what the patient has said
- Explore importance/confidence depending on scores
- Exploration, NOT advice or pressure

Scaling questions
Pros and Cons
Examining patient concerns
Fantasising
Brainstorming
Past efforts
Doing little more…

How can it be used in the clinic?

"Why did you give a 3, not 0?"

"What are the best/worse things about your activity levels now?"

"What would need to happen for importance to increase?"

"Do you have any concerns about your activity levels right now?"

"What would it like to be more active physically?"

"Why have you given yourself "X" for confidence?"

"How can I help you feel more confident?"

"How did it go the last time you tried, and what did you learn?"

Is it effective?

- Not many formal studies
- Lots of work in drinking/drug addictions
- HBC techniques are a toolbox, so difficult to assess
- More effective than no counselling/skills based approach for those less ready to change (Heather et al 1996)
- Assessing importance/confidence in smoking more effective than other approaches (Butler et al in press)
- Issues regarding small samples and practitioner competence

Some points to be aware of…

- Watch out for clinical depression
- Watch out for fear as a factor in non-compliance
- Other beliefs may affect motivation
- Ongoing treatments may affect behaviour change
- Drug side affects may affect motivation
- One behaviour may affect motivation to change another